



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

JANET E. WALDRON
COMMISSIONER OF
ADMINISTRATIVE & FINANCIAL SERVICES

ANGUS S. KING, JR.
GOVERNOR

APPLICATION FOR REFUND OF SALES OR USE TAX

ANTHONY J. NEVES
EXECUTIVE DIRECTOR

To ensure prompt processing of this application, please fill in
all applicable lines and attach all pertinent information.

Name and address: _____

Social Security # _____ Contact Person _____
Federal ID # _____ Telephone # _____

AMOUNT OF REFUND REQUEST \$ _____

Reason for refund request: Attach a cover letter explaining the reason for the refund request.

If the refund is for Year _____ Make _____ Model _____
motor vehicle or VIN# _____ Plate # _____ Send copy of Registration!
other vehicle, boat etc. Place of registration _____ Date of registration _____

WHAT SHOULD BE INCLUDED WITH THE APPLICATION?

1. Cover letter explaining the reason for the refund request.
2. Proof tax was paid. (copy of an invoice etc.)
Refunds disallowed when an application is received more than 3 years after the date of over payment!
3. Any pertinent information.

I certify under the pains and penalty of perjury that the statements made in this application and any attachments thereto are true, accurate and complete to the best of my knowledge and belief.

Signature _____ Date _____

Print Name _____ Title _____

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